

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use **WHOLE DOLLARS** Only

PROGRAM			DATE PREPARED		Page	Of
CONTRACTOR NAME			BUDGET PERIOD From To:			
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT ►		AMENDMENT #	
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER			
EXPENDITURE CATEGORY						TOTAL BUDGET (Use Whole Dollars)
1. SALARIES & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subrecipients)						
6. EQUIPMENT						
7. OTHER EXPENSES						
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)	\$0		\$0		\$0	\$0
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES	\$0		\$0		\$0	\$0

SOURCE OF FUNDS

11. FEES & COLLECTIONS				
12. STATE AGREEMENT				
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	\$0		\$0	\$0
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding			The Department of Community Health is an equal opportunity employer, services and programs provider.	